

OFFICE OF THE DISTRICT ATTORNEY INTERNSHIP INTEREST FORM

Additional Required Attachments:

- ☐ Formal Letter of Interest
- ☐ Current Resume
- ☐ Current Transcripts

Submit Completed Application Packet

By email: DAOHR@dao.sccgov.org



Which program are you applying for?

- ☐ High School Internship
- ☐ College Internship
- ☐ Victim Services Internship
- ☐ Child Advocacy Internship

Applicant Information

Please type or print legibly.

Full Name: _____
Last First Middle Initial

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: _____ Email: _____

Education and Internship

Name of School or Program: _____

Please list Major: _____

Year of School: ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman ☐ post-Grad

PLEASE CHECK BELOW IF INTERNSHIP IS ACADEMIC

☐ Academic Field Hours or Credit Requirement Name of Academic Administrator: _____

of hours required: _____ Phone or email: _____

Please provide your availability (use both boxes if days and times differ):

Days of the Week	Earliest Time	Latest Time	Number of Hours per Day

OFFICE OF THE DISTRICT ATTORNEY INTERNSHIP INTEREST FORM

Current or Previous Relevant Experience (if any)

Please provide the following:

- Entity where you interned/worked
- Name of supervisor
- Contact Information
- A brief description of your experience

Should you need additional space, please provide a separate attachment.

I hereby give consent to the Student Intern Program Coordinator or appointed representative to contact current and previous internship agencies/organizations and supervisors

☐ Yes

☐ No

ADDITIONAL Language Spoken (Other than English): _____

Personal Statement

Please write a brief essay about **yourself**. Include your interests, skills, personal and/or professional goals. **Take this as an opportunity to introduce yourself to the DA's Office.**

OFFICE OF THE DISTRICT ATTORNEY INTERNSHIP INTEREST FORM

Supplemental Questions

1. Why do you want to intern for the internship program you selected? What influenced your interest in our internship program?

2. What do you hope to obtain from our internship program?

3. What are you planning to give to the internship program?

Disclaimer and Signature

I certify that the information I have given in my completed application is true and correct to the best of my knowledge, and that I have not knowingly withheld facts or circumstances. I understand that all responses are subject to verification, and any incorrect information will result in my application being disqualified. I further acknowledge that should I be selected to participate in an internship for the Office of the District Attorney, I must complete [a](#) background investigation. **All offers are contingent on receiving "cleared" background determination.**

Signature: _____ Date: _____

If you have any questions, please contact:

Melissa Osborne
Administrative Services Manager II
Human Resources Service Center
mosborne@dao.sccgov.org